MAXIMUS Federal Services

| Case Number: | CM15-0198282 | | |
|---|---|---|---|
| Date Assigned: | 10/13/2015 | Date of Injury: | 11/28/2007 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 10/08/2015 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old male, who sustained an industrial injury on 11-28-2007. Diagnoses include left upper extremity complex regional pain syndrome type II, status post left carpal tunnel release and ulnar nerve release and TFCC repair with residuals, reactionary depression and anxiety. Treatments to date were not documented in the records submitted for this review. On 9-7-15, he complained of ongoing pain in the left arm, left elbow and left wrist. Pain was rated 6-7 out of 10 VAS without medication. The records indicated Naproxen, Gabapentin, and Tramadol had been prescribed on 7-27-15, and a urine drug screen had been ordered. The physical examination documented multiple myofascial trigger points throughout the cervical, trapezius, levator scapulae, scalene and infraspinatus muscles. There was decreased range of motion noted in the left upper extremity. There was tenderness with palpation of the left wrist and epicondyle. Excessive sweating was noted to the left hand with decreased grip strength. The plan of care included a prescription for Naproxen and Gabapentin. The appeal requested authorization for a urine drug screen. The Utilization Review dated 9-8-15, denied this request.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use.

**Decision rationale:** The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the medical records do not establish that there is concern for the aforementioned to support the request for urine drug screen. The request for Urine drug screen is not medically necessary and appropriate.